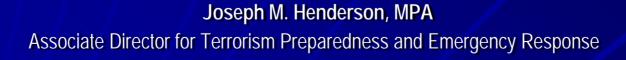
Children and Terrorism

Recommendations from the National Advisory Committee on Children and Terrorism (NACCT)

Secretary's Council on Public Health Preparedness September 23, 2003







Committee Required...

- Public Health Security and Bioterrorism Preparedness and Response Act of 2002
- **Sunset June 12, 2003**
- Committee held three public meetings to receive input from key stakeholders and the public





NACCT Objectives

- □ To review:
 - □ The preparedness of the healthcare system to respond to terrorism as it relates to children
 - Needed changes to the healthcare and emergency medical service systems and emergency medical services protocols to meet the special needs of children
 - □ Changes, if necessary, to the National Strategic Stockpile to meet the emergency health security of children





Recommendation Categories

- 1. Federal Responsibilities
- 2. Schools and Other Child Congregate Care Settings
- 3. Mental Health and Psychosocial Support
- 4. Primary Care Pediatric Providers
- Pre-Hospital and Hospital Care
- 6. Community Involvement

- 7. Training
- 8. Health Intelligence
- 9. Risk Communication and Public Education
- 10. Emergency Medical Systems and Protocols
- 11. Strategic National Stockpile

34 TOTAL RECOMMENDATIONS





- 1.1 Formally recognize the unique needs of children in terror events and similar emergencies by
 - 1) the permanent addition of relevant child emergency public health preparedness subject matter experts to the Secretary's Council on Emergency Public Health Preparedness, and
 - by creating a working group on children and emergency public health preparedness comprised of relevant subject matter experts and federal officials under the auspices of the Secretary's Council on Emergency Public Health Preparedness with a charge to ensure that the issues and proposals raised by the National Advisory Committee on Children and Terrorism (NACCT) are carried out.





- 1.2 Assure that the unique physical and mental health needs of children are recognized and resources provided for in all DHHS terrorism preparedness and response funding initiatives...
- 1.3 Conduct a national survey of Federal, state and local terrorism and disaster plans that includes a specific assessment of preparedness and training for the medical and psychological effects of terrorism on children...
- 1.4 Convene an ongoing series of meetings with stakeholders and relevant experts to define needs and core competencies necessary for appropriate training...





- 1.5 Continue to ensure that the needs of children and families are included in all federal disaster response plans by establishing explicit agreements with appropriate federal agencies...
- 1.6 Expand the State Children's Health Insurance Program (SCHIP) to provide financial mechanisms for States to support post-disaster physical and mental healthcare to all children affected...





Key Recommendations Schools and Other Child Congregate Care Settings

- 2.1 Ensure that every major DHHS-funded terrorism initiative, and other federal terrorism initiatives, appropriately addresses the role and needs of schools and other child congregate care settings
- 2.2 Collaborate with the Secretary of Education to formalize partnerships ... to ensure schools are fully integrated into preparedness, response, recovery, and mitigation efforts.





Key Recommendations Mental Health and Psychosocial Support

- 3.1 Conduct research to identify patterns of child trauma, resilience, coping and recovery in the aftermath of disasters and terrorism
- 3.2 Develop infrastructure to support post-disaster physical and psychosocial interventions for children...
- 3.3 Support the development of a national set of principles and best practices for children's post-disaster interventions
- 3.4 Create a DHHS-wide plan to address psychosocial preparedness and recovery for children...





Key Recommendations Primary Care Pediatric Providers

- 4.1 Assess the central capacity of the public health and healthcare systems to ensure that it is sufficiently equipped to adequately prepare and train Primary Care Pediatric Providers
- 4.2 Evaluate the success of the New York City Medicaid initiative post-September 11, 2001 and consider this as a temporary measure while working to develop a mechanism for providing post-disaster healthcare access for children.
- 4.3 Involve PCPPs in all stages of preparation and response to disasters..





Key Recommendations Pre-Hospital and Hospital Care of Children

- 5.1 Ensure that all hospital preparedness programs supported by DHHS include provisions to care for children in the event of a disaster or terrorist act.
- 5.2 Support and enhance existing DHHS programs involving communication and information management systems between hospitals, local health agencies and emergency responders used during a disaster or terrorist event.





Key Recommendations Community Involvement

- 6.1 Initiate strategies to assist families, faith- and community-based organizations, childcare facilities and other child-serving systems to increase their capacity to respond to terror events.
- 6.2 Develop and support a multi-site initiative, involving at least six demonstration projects, to identify and implement best practices for integration of federal, state and local responders with faith- and community-based organizations in emergency management planning, training and the building of community resilience related to children and families





Key Recommendations Training

- 7.1 Develop training programs to prepare a pediatric healthcare workforce... to address the special needs of children...
- 7.2 Develop pediatric training programs related to the physical and mental health effects of disasters and terrorism on children
- 7.3 Include a specific pediatric training component in all disaster and terrorism response plans...and support ongoing pediatric disaster and terrorism drills...
- 7.4 Support a comprehensive approach to pediatric training on terrorism and children, involving relevant organizations and partnerships



Key Recommendations Health Intelligence

- 8.1 Develop linkages necessary to ensure that the Federal, state and local health intelligence systems support emergency planning, response, and recovery and are competent in the area of health intelligence data related to children's physical and mental health needs related to an act of terror.
- 8.2 Ensure that the emergency response systems utilized to support emergency planning, response, and recovery at Federal, state and local levels fully include trained scientific and epidemiological professionals with expertise in children's health.





Key RecommendationsRisk Communication and Public Education

- 9.1 Implement risk communication strategies to positively affect the nation during times of crisis, with special emphasis on the impact of these events on children.
- 9.2 Develop clear, concise and situation-specific guidance for parents, caregivers and teachers to help children cope with terrorism and disasters, and ensure that consistent information is disseminated by all DHHS agencies.
- 9.3 Develop and support a translational research initiative to develop more effective methods of communicating to the public and to health and human services professionals recognizing the special needs of children and families
- 9.4 Maintain a national toll-free number for public information that focuses on special needs for children...





Key Recommendations

Emergency Medical Service Systems and Protocols

- 10.1 Support and enhance existing DHHS programs related to EMS to ensure that the physical and mental health needs of children are met and that all first responders and EMS personnel receive training in post-disaster physical and mental health needs of children.
- 10.2 Working with the Secretary of Homeland Security, create Pediatric Specialty Teams for the existing Disaster Medical Assistance Team (DMAT) Program. Specifically, create one Pediatric Specialty Team per Region, in addition to providing each regular DMAT Team with a pediatric component including trained providers, equipment and pharmaceuticals.
- 10.3 Conduct research on EMS pediatric emergency and terrorism preparedness and response.





Key Recommendations Strategic National Stockpile

- 11.1 Establish an annual Pediatric Subject Matter Expert (SME) review process of the SNS program's pediatric capacity...
- 11.2 Establish a process to determine prioritization of recommended pediatric formulary additions or modifications to the SNS...





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Many Thanks

- Committee Chair Dr. Angela Diaz (NYC)
- Federal Advisors (HRSA, CDC, NIH, OS)
- Dr. David Markenson (Columbia University)
- CDC Amy Loy, Victor Balaban







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